

ABBREVIATED THERAPEUTIC USE EXEMPTIONS ATUE FORM

Please type or complete all sections in capital letters

Beta-2 agonists by Inhalation	<input type="checkbox"/>	Glucocorticosteroids by non-systemic routes*	<input type="checkbox"/>
--------------------------------------	--------------------------	---	--------------------------

**All routes other than orally, rectally, intravenously and intramuscularly.
Dermatological glucocorticosteroids do not require any TUE*

1. ATHLETE INFORMATION

Surname		First Name	
Sex		Date of Birth	
Complete Address	Phone Numbers	Fax Number	E-mail

2. MEDICAL INFORMATION

Diagnosis:
N.B. Any ATUE may be reviewed at any time, by the WDFPF Drug Control Committee

Prohibited Substance(s) -Generic name	Dose	Route	Frequency
1.			
2.			
3.			
Intended Duration of Treatment: <i>(Please tick appropriate box)</i>	Only Once	Emergency	Duration (Week/Month)

STRICTLY CONFIDENTIAL

3. MEDICAL PRACTITIONER'S DECLARATION

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medications not on the prohibited list would be unsatisfactory for the condition	
Name	

Medical Specialty	
Address	
E-mail Address	
Phone Number	
Fax Number	
Signature	
Date	

4. ATHLETE'S DECLARATION

<p>I certify that the information under section 1. is accurate and that I am requesting approval to use a Substance or Method from the International Olympic Committee (IOC) Prohibited List. I authorize the release of personal medical information to the Drug Control Committee (DCC) of the World Drug Free Powerlifting Federation (WDFPF). I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and the WDFPF in writing to that fact.</p>	
Print Athlete's Name	
Signature	
Date	
Parent's/Guardian's Signature <i>(if the athlete is a minor or has a disability preventing him/her from signing this form, a parent or guardian shall sign together with or on behalf of the athlete)</i>	
Date	

STRICTLY CONFIDENTIAL

5. SUBMISSION OF TUE FORM

<p><i>The Therapeutic Use Exemption form, signed by a Physician, must be forwarded to the Chairman of the Drug Control Committee (DCC) of the WDFPF, together with the relevant medical documentation. The athlete must wait for the decision of the DCC prior to commencing with the treatment. TUEs are granted for specific medication & a</i></p>

defined dosage over a specific period of time, after which they expire. TUE applications must be submitted to the committee at least 90 days prior to a Championship. Lifters need to retain a copy of their application including the committee's decision, for their own records and are required to bring it to all championships.

Incomplete Applications will be returned and need to be resubmitted.

Name	
Address	
E-mail Address	

7. TO BE COMPLETED BY DRUG CONTROL COMMITTEE

Application Reference Number	
Date of Receipt of Application	
Date of Notification of Committee Members	
Decision of Committee	
Date Athlete is Notified of Decision	
Date WDFPF Exec is Notified of Decision	

STRICTLY CONFIDENTIAL